

STATE OF CALIFORNIA

DEPARTMENT OF MANAGED HEALTH CARE

HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

		1
1.	FOR THE MONTH ENDING:	January 31, 2004
2.	Name:	Dental Health Services
3.	File Number:(Enter last three digits) 933-0	059
4.	Date Incorporated or Organized:	June 1, 1982
5.	Date Licensed as a HCSP:	n/a
6.	Date Federally Qualified as a HCSP:	n/a
7.	Date Commenced Operation:	June 1, 1982
8.	Mailing Address:	3833 Atlantic Avenue, Long Beach, CA 90807
9.	Address of Main Administrative Office:	3833 Atlantic Avenue, Long Beach, CA 90807
10.	Telephone Number:	(562) 595-6000
11.	HCSP's ID Number:	
12.	Principal Location of Books and Records:	3833 Atlantic Avenue, Long Beach, CA 90807
13.	Plan Contact Person and Phone Number:	Godfrey Pernell, DDS, (562) 595-6000
14.	Financial Reporting Contact Person and Phone Number:	Mehdi Moussavi, (562) 595-6000
15.	President:*	Godfrey Pernell, DDS
16.	Secretary:*	Gary Pernell
17.	Chief Financial Officer:*	Mehdi Moussavi
18.	Other Officers:*	Robert Tillery - Vice President of Health Services
19.		
20.		
21.		
22.	Directors:*	Godfrey Pernell, DDS
23.		Gary Pernell
24.		Wayne Pernell
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Godfrey Pernell, DDS
33. Secretary	
34. Chief Financial Officer	

* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.




35. If this is a revised filing, check here and complete question 4 on Page 2: ☐

36. If all dollar amounts are reported in thousands (000), check here: ☐

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM
SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	920,665
2. Short-Term Investments	1,161,363
3. Premiums Receivable - Net	270,219
4. Interest Receivable	8,131
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	47,277
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	120,000
10. Aggregate Write-Ins for Current Assets	93,800
11. TOTAL CURRENT ASSETS (Itemms 1 to 10)	2,621,455
OTHER ASSETS:	
12. Restricted Assets	450,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	733,148
17. Aggregate Write-Ins for Other Assets	8,989
18. TOTAL OTHER ASSETS (Items 12 to 18)	1,192,137
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	29,638
21. Computer Equipment - Net	44,030
22. Leasehold Improvements -Net	14,058
23. Construction in Progress	
24. Software Development Costs	91,544
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	179,270
27. TOTAL ASSETS	3,992,862
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Deferred Taxes	93,800
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	93,800
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Other Assets	8,989
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	8,989
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	573,263	XXX	573,263
2. Capitation Payable	53,150	XXX	53,150
3. Claims Payable (Reported)	16,000		16,000
4. Incurred But Not Reported Claims	148,000		148,000
5. POS Claims Payable (Reported)		308,000	308,000
6. POS Incurred But Not Reported Claims		294,000	294,000
7. Other Medical Liability			0
8. Unearned Premiums	221,408	XXX	221,408
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	246,964	0	246,964
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	1,258,785	602,000	1,860,785
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	488,700	XXX	488,700
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	488,700	XXX	488,700
19. TOTAL LIABILITIES	1,747,485	602,000	2,349,485
NET WORTH			
20. Common Stock	XXX	XXX	300
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	668,421
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	689,462
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	285,194
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	1,643,377
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	3,992,862
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Retirement Plan Payable	246,964		246,964
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	246,964	0	246,964
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Deferred Taxes	488,700	XXX	488,700
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	488,700	XXX	488,700
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Unrealized Gain/(Loss) MKT Securities	XXX	XXX	285,194
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	285,194

STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	883,486	7,777,873
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)	288,317	2,596,772
8. Interest	4,267	67,111
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	7,930
11. TOTAL REVENUE (Items 1 to 10)	1,176,070	10,449,686
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	424,665	4,034,325
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	279,910	2,397,849
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	138,927	1,341,868
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	843,502	7,774,042
Administration		
25. Compensation	113,951	1,017,173
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	31,965	298,311
28. Management Fees		
29. Marketing	104,351	786,547
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	77,302	528,776
32. TOTAL ADMINISTRATION (Items 25 to 31)	327,569	2,630,807
33. TOTAL EXPENSES	1,171,071	10,404,849
34. INCOME (LOSS)	4,999	44,837
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	4,999	44,837
NET WORTH:		
38. Net Worth Beginning of Period	1,583,605	1,475,934
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	4,999	44,837
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	54,773	122,606
49. NET WORTH END OF PERIOD (Items 38 to 48)	1,643,377	1,643,377

STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. Other Income	0	7,930
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	7,930
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Other Medical Expenses	138,927	1,341,868
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	138,927	1,341,868
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Other Expenses	77,302	528,776
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	77,302	528,776
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801. Unrealized Gain/(Loss) MKT Securities	54,773	122,606
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	54,773	122,606

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	1,085,883	10,371,791
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	1,423	302,485
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-888,400	-7,722,387
8. Administration Expenses	-347,376	-2,546,806
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-148,470	405,083
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments	1,403	-342,674
17. Payments for Property, Plant and Equipment	-1,597	-22,661
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-194	-365,335
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-148,664	39,748
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	1,069,329	880,917
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	920,665	920,665
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	4,999	44,837
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	5,606	47,128
32. Decrease (Increase) in Receivables	-42,166	51,628
33. Decrease (Increase) in Prepaid Expenses	9,026	4,112
34. Decrease (Increase) in Affiliate Receivables	0	225,097
35. Increase (Decrease) in Accounts Payable	-50,535	-140,276
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	16,000	189,000
37. Increase (Decrease) in Unearned Premium	-43,756	-54,483
38. Aggregate Write-Ins for Adjustments to Net Income	-47,644	38,040
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-153,469	360,246
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-148,470	405,083
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Retirement Plan Payable	7,185	64,665
3802. Other Receivable	-2,844	2,347
3803. Accrued Wages	-51,985	-29,665
3898. Summary of remaining write-ins for Item 38 from overflow page		693
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-47,644	38,040

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	71,017	2,134	2,786	70,365	70,365			0		0	
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	3,086	40	12	3,114	3,114			0		0	
5. Point of Service	10,487	0	168	10,319	10,319			0		0	
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	84,590	2,174	2,966	83,798	83,798	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
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611.				0				0			
612.				0				0			
Summary of remaining write-ins for 698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus 699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
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STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

	1		2	
1. Net Equity			\$	1,643,377
2. Add: Subordinated Debt			\$	
3. Less: Receivables from officers, directors, and affiliates			\$	853,149
4. Intangibles			\$	
5. Tangible Net Equity (TNE)			\$	790,228
6. Required Tangible Net Equity (See Below)			\$	449,414
7. TNE Excess (Deficiency)			\$	340,814
A. Minimum TNE Requirement	\$	Full Service Plans	\$	Specialized Plan
		1,000,000		50,000
B. REVENUES:				
8. 2% of the first \$150 million of annualized premium revenues	\$		2% of the first \$7.5 million of annualized premium revenue	\$ 150,000
Plus			Plus	
9. 1% of annualized premium revenues in excess of \$150 million	\$		1% of annualized premium revenue in excess of \$7.5 million	\$ 63,329
10. Total	\$	0	Total	\$ 213,329
C. HEALTHCARE EXPENDITURES:				
11. 8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$		8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 449,414
Plus			Plus	
12. 4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$		4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
Plus			Plus	
13. 4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$		4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14. Total	\$	0	Total	\$ 449,414
15. Required "TNE" - Greater of "A" "B" or "C" \$			Required "TNE" - Greater of "A" "B" or "C" \$	449,414

KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

		1
1. Net Equity	\$	1,643,377
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	853,149
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	790,228
6. Required Tangible Net Equity (From Line 18 below)	\$	469,263
7. TNE Excess (Deficiency)	\$	320,965
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
PART A		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$	133,371
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	335,892
13. Add lines 11 and 12	\$	469,263

STATEMENT AS OF 1-31-2004 OF 933-0059 Dental Health Services

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text" value="843,503"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text" value="424,665"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text" value="279,910"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="138,928"/>
5. Annualized	<input type="text"/>	<input type="text" value="1,667,142"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text" value="1,667,142"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="133,371"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text" value="1,667,142"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="133,371"/>

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